## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 275121** 

Entity Name: SHAW PROPERTIES INC

SOWDEN, KAREN S

222 US HWY 1

TEQUESTA, FL

Name:

Address:

City-St-Zip:

FILED Jan 07, 2005 Secretary of State

y		tor Election into			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
222 US HV SUITE 208 TEQUEST		US	222 US HWY 1 SUITE 5 TEQUESTA, FL 33469	US	
Current M	lailing Addres	ss:	New Mailing Address:		
222 US HI SUITE 208 TEQUEST		US	222 US HIGHWAY 1 SUITE 5 TEQUESTA, FL 33469	US	
FEI Number:	: 59-1087604	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
SHAW, RO 222 US HI SUITE 208 TEQUEST	GHWAY 1	US			
	named entity : e of Florida.	submits this statement for the p	ourpose of changing its registered o	office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( ) SHAW,ROBER 222 US HWY 1 TEQUESTA, FL		Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () SHAW,ASTA I, 222 US HWY 1 TEQUESTA, FL	) Delete . 33469	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	T () GEHRING, LINI 222 US HIGHW TEQUESTA, FL	/AY 1	Title: ( ) Name: Address: City-St-Zip:	) Change ()Addition	
Title:	S ()	) Delete	Title:	) Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT J. SHAW PD 01/07/2005